



Participant Withdrawal Form

Student Name _____ Agency _____
(please type or print)

Track Number _____ Date _____

I wish to withdraw from the Idaho CPM® Program effective (date) _____

I am withdrawing from the Program for the following reason(s). *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Expanded Work Requirements | <input type="checkbox"/> Not Able to Keep Up with Program |
| <input type="checkbox"/> Job Change | <input type="checkbox"/> Pursuing a Higher Academic Degree |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Job Resignation |
| <input type="checkbox"/> No Longer Interested | <input type="checkbox"/> Leaving Government |
| <input type="checkbox"/> Program Not As Expected | <input type="checkbox"/> Other (please fill in reason) |

Comments: *(Your Comments are Important to Us)* _____

I would like to participate in Idaho's CPM® Program in the future. Yes ☐ No ☐

Please contact me at (Phone or E-Mail) _____

Signature _____ Date _____

Supervisor Signature _____ Date _____

Thank you for participating in Idaho's CPM® Program. If we can assist you in any way, or if you have questions, please let us know.